

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application for Doctor Number

L VAL-08602103

09/812e39

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 11 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 11 minus 20 = | 9 |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PREDICT EXTRA |
|-------------|----------------------------------|------------------------------------|---------------|
| Total | 10 | None | 0 |
| Independent | 3 | None | 0 |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

4-21-05

| SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|--------------|---------|-------------------------|----------|
| TYPE | OR | SMALL ENTITY | OR |
| BASIC FEE | \$65.00 | OR BASIC FEE | \$110.00 |
| X5 0- | | OR X510- | |
| X40- | | OR X80- | |
| +135- | | OR +270- | |
| TOTAL | \$75 | OR TOTAL | |

| SMALL ENTITY | | OTHER THAN SMALL ENTITY | |
|-----------------|----------------|-------------------------|----------------|
| TYPE | OR | SMALL ENTITY | OR |
| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| X5 0- | | OR X510- | |
| X40- | | OR X80- | |
| +135- | | OR +270- | |
| TOTAL ADDT. FEE | | OR TOTAL ADDT. FEE | |

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PREDICT EXTRA |
|-------------|----------------------------------|------------------------------------|---------------|
| Total | 10 | None | 0 |
| Independent | 3 | None | 0 |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

| RATE | | ADDITIONAL FEE | |
|-----------------|--|----------------|-----------------|
| X5 0- | | OR | X510- |
| X40- | | OR | X80- |
| +135- | | OR | +270- |
| TOTAL ADDT. FEE | | OR | TOTAL ADDT. FEE |

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PREDICT EXTRA |
|-------------|----------------------------------|------------------------------------|---------------|
| Total | 10 | None | 0 |
| Independent | 2 | None | ? |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

| RATE | | ADDITIONAL FEE | |
|-----------------|--|----------------|-----------------|
| X5 0- | | OR | X510- |
| X40- | | OR | X80- |
| +135- | | OR | +270- |
| TOTAL ADDT. FEE | | OR | TOTAL ADDT. FEE |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "0".

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "0".

* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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